



**COMMITTEE ON DENTAL AUXILIARIES**  
**THE DENTAL BOARD OF CALIFORNIA**  
 2005 EVERGREEN STREET, SUITE 1050, SACRAMENTO, CA 95815  
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## REQUEST FOR DUPLICATE/REPLACEMENT LICENSE

### Instructions

- (A) Section I & II to be completed by **ALL** applicants.
- (B) If original license **cannot** be returned explain why on line 1.
- (C) When requesting a duplicate license, **original license MUST be returned.**
- (D) When there is a **name change**, documentation **must** be provided: i.e., copy of marriage certificate, divorce decree or court order.

**\*IN ORDER TO PROCESS, FEE(S) MUST BE INCLUDED WITH APPLICATION\***

### SECTION I

1. My reason for making this application is as follows:

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### SECTION II

1. My name in full as it appears on the records of the California Board of Dental Examiner is \_\_\_\_\_  
 and I hereby make application for a new license to be issued to me under the name of \_\_\_\_\_
2. Residence Address: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Telephone- Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. I am the person named and the lawful holder of License number: \_\_\_\_\_

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

*Please mark whether you are requesting a duplicate wall license or duplicate pocket license  
 Check all that apply*

- ( ) APPLICATION FOR SUBSTITUTE WALL LICENSE.....FEE - \$10.00
- ( ) APPLICATION FOR SUBSTITUTE POCKET I.D.....FEE - \$10.00
- ( ) REGISTERED DENTAL ASSISTANT
- ( ) REGISTERED DENTAL HYGIENIST
- ( ) REGISTERED DENTAL ASSISTANT EXTENDED FUNCTIONS
- ( ) REGISTERED DENTAL HYGIENIST EXTENDED FUNCTIONS